

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2021
FORM APPROVED
OMB NO. 0938-0391

*POC Accepted
7.19.2021
by 42924*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/07/2021
NAME OF PROVIDER OR SUPPLIER VALLEY VISTA NURSING AND TRANSITIONAL CARE LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6120 N. VINELAND AVE NORTH HOLLYWOOD, CA 91606		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a facility-reported incident. Facility-Reported Incident: CA00734318. Representing the California Department of Public Health: Surveyor 42924, Health Facility Evaluator Nurse The inspection was limited to the specific facility-reported incident investigated and does not represent the findings of a full inspection of the facility. A deficiency was written as a result of FRI number: CA00734318.	F 000			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide stand-by assist (SBA - is to be there, just in case resident needs you to help prevent a fall or injury) for one of three sampled residents (Resident 1). This deficient practice resulted in Resident 1	F 689			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	<p>Continued From page 1</p> <p>falling and sustaining a fracture of the clavicle (the bone that connects the breastbone to the shoulder) while coming back from the smoking area (designated area for residents that smoke) on 4/21/2021.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record, dated 2/5/2021, indicated the facility admitted Resident 1 on 2/5/2021 with diagnoses including encephalopathy (damage or disease that affects the brain), polyneuropathy (a condition in which a person's nerves that run throughout the body are damaged), myopathy (any disease that affects the muscles that control voluntary movement in the body), polyosteoarthritis (when four or more joints in the body become painful and inflamed), lack of coordination, pain in right knee, and pain in left knee.</p> <p>A review of Resident 1's care plan, dated 2/5/2021, indicated Resident 1 was at risk for fall due to decreased range of motion and poor safety awareness.</p> <p>A review of Resident 1's care plan, dated 2/5/2021, indicated Resident 1 had Activities of Daily Living (ADL) deficit and needed extensive walking in the room. The care plan indicated Resident 1 will sustain no injuries related to a fall.</p> <p>A review of Resident 1's Fall Risk Assessment, dated 2/7/2021, indicated he had intermittent (coming and going at intervals) confusion, and balance problem while standing and walking. The Fall Risk Assessment indicated Resident 1 was a low risk for fall.</p>	F 689			

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NAME OF PROVIDER OR SUPPLIER VALLEY VISTA NURSING AND TRANSITIONAL CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 6120 N. VINELAND AVE NORTH HOLLYWOOD, CA 91608			
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F 689	<p>Continued From page 2</p> <p>A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 2/9/2021, indicated Resident 1's cognition (relating to conscious intellectual activity such as thinking, reasoning, or remembering) was moderately impaired. The MDS indicated Resident 1's balance during transitions and walking, which included walking and turning around, was not steady and he was only able to stabilize with staff assistance. The MDS indicated Resident 1, due to medical condition or safety concerns, had not attempted to walk 50 feet with two turns (once standing, the ability to walk at least 50 feet and make two turns) and not attempted to walk 150 feet (once standing, the ability to walk at least 150 feet in a corridor or similar space).</p> <p>A review of Resident 1's record indicated PT and Occupational Therapy (OT) were initiated on 2/8/2021. PT Therapy Progress report with date of service 4/15/2021 - 4/22/2021, indicated Resident 1 can do distance level surfaces walk of 275 feet with SBA and no assistive device.</p> <p>A review of the SBAR (Situation-Background-Assessment-Recommendation, provides framework for communication between members of the health care team) Communication Form, dated 4/21/2021 at 2:57 p.m., indicated Resident 1 was walking in the hallway when he felt his legs gave way on him and went down the floor. The form indicated the physician ordered Resident 1 to be transferred to General Acute Care Hospital 1 (GACH 1) for further evaluation.</p> <p>A review of Resident 1's Radiology Report from GACH 1, dated 4/21/2021, indicated a fracture of</p>	F 689					

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F 689	<p>Continued From page 3</p> <p>the clavicle upon X-ray of Resident 1's right shoulder.</p> <p>On 4/28/2021 at 2:10 p.m., during an interview, the Physical Therapist (PT) stated Resident 1 would need SBA to walk to the back smoking area which was about 275 feet from Resident 1's room. PT stated that prior to the fall, Resident 1 was going to the smoking area without supervision. PT stated this was communicated in the IDT meeting (Interdisciplinary Team, members of the treatment team that coordinates resident's care) and documented in Resident 1's chart.</p> <p>On 4/29/2021 at 3:40 p.m., during a telephone interview, the Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 was not being supervised. LVN 1 said that Resident 1 was independent and was going everywhere in the facility alone prior to the fall.</p> <p>During an interview on 5/4/2021 at 9:40. a.m., Resident 1 stated, "I was coming from the smoking area when I fell. I had no nurse with me when going and coming back. Nobody follows me around at any time. I did not call for assistance. The therapist did not tell me that I need a nurse to walk. I sometimes go to the smoking area at the parking lot to smoke. I never had any nurse follow me around. I thought I could make it, but my legs were weak".</p> <p>On 5/4/2021 at 9:57 a.m., during an interview, the Certified Nurse Assistant 1 (CNA 1) confirmed taking care of Resident 1 for 4-5days prior to the fall. CNA 1 stated Resident 1 was going to the smoking area at the parking lot alone. CNA 1 stated Resident 1 can walk to anywhere in the</p>	F 689			

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F 689	Continued From page 4 facility alone without help and there has not been a time CNA 1 followed Resident 1 around. On 5/10/2021 at 11:59 a.m., during a telephone interview, the Administrator stated nurses should be able to follow the PT orders regarding the residents. A review of facility policy and procedure titled, "Functional Impairment-Clinical Protocol," revised on 9/2012, indicated, "The staff will identify individuals with a significant decline in function, including ability to perform activities of daily living (ADL's)."	F 689			

Valley Vista Nursing and Transitional Care (VVNTC) makes the best effort to operate in full compliance with Federal and State law. Nothing included in this plan of correction is an admission otherwise.

F689

How corrective action will be accomplished for those residents affected by the deficient practice

1. DON and/or designee provided in-service to nursing staff regarding ADLs and identifying assistance needed by residents. Exhibit #1

How the facility will identify other residents having the potential to be affected by the same deficient practice

1. No other residents were affected by this as evidenced by Administrator, DON, and designee reviewed ADL status and level of assistance needed. No further deficient practice identified.

Measure and Systematic changes to be in place to ensure the deficient practice do not recur

1. The Facility supervisor will remind all staff during huddle and endorsement to ensure residents are provided ADL assistance as appropriate.
2. DSD will conduct in-service with staff regarding ADL levels and appropriate assistance identified.

How Facility plans to monitor its performance to make sure that solutions are sustained

1. Facility administrator will report to the QAA Committee during regular scheduled meetings and follow any recommendations as deemed necessary.

Completion date: 7/31/2021